PTO/SB/21 (09-06)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/599.711 Filing Date TRANSMITTAL October 6, 2006 First Named Inventor FORM Zaid Jumean Art Unit **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number P120 0043/GSO Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC 1 Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Status Letter Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Oyen Wiggs Green & Mutala LLP Signature Printed name Gerald O.S. Qyen Date Reg. No. February 27, 2007 27,280 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Typed or printed name

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| FEE TRANSMITTAL For FY 2007 Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Call Jumean Examiner Name Call Jumean Examiner Name Call Jumean Call Jumean Examiner Name Call Jumean Call | Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Complete if Known | | | | | |
|---|---|------------------|--------------------------|----------|---|---------------|---------------|--------------------------|--|--|
| For FY 2007 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 65.00 Attorney Docket No. P120 0043/GSO | | | | | Application Number 10/599 | | 711 | | | |
| Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (s) 65.00 Examiner Name | | | | | Filing Date | Octobe | er 6, 2006 | ±= | | |
| Art Unit | | | | | First Named Inve | entor Zaid Ju | ımean | | | |
| METHOD OF PAYMENT (check all that apply) Check | Applicant claims small entity status. See 37 CER 1.27 | | | | Examiner Name | | | | | |
| METHOD OF PAYMENT (check all that apply) Check | | | Art Unit | | | | | | | |
| Check | TOTAL AMOUNT OF PA | AYMENT (| \$) 65.00 | | Attorney Docket | No. P120 C | P120 0043/GSO | | | |
| Deposit Account Deposit Account Number 00720 Deposit Account Name Over Wiggs Green & Mutala For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicat | METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| Deposit Account Deposit Account Number: 00720 Deposit Account Name: Oyen Wriggs Green & Mutala For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Charge fee(s) indicated below, except for the filling fee Charge any additional foe(s) or underpayments of fee(s) Credit any overpayments Charge fee(s) fee(s) fee(s) Credit any overpayments Charge fee(s) fee(s) fee(s) Charge fee(s) fee(s) fee(s) fee(s) Charge fee(s) fee(s) fee(s) fee(s) fee(s) Charge fee(s) fee(s | | | | | | | | | | |
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| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION | Charma fac/s) in district and the | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION | Charge any additional fee(s) or underpayments of fee(s) | | | | | | | | | |
| Application Type | WARNING: Information on this form may become public. Credit card information should not be included on this form Dravide and the not | | | | | | | | | |
| Filt Small Entity Fee (\$) Small Entity Fee (\$) Fee (\$) | FEE CALCULATION | | | | | | | | | |
| Application Type | 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | |
| Design | FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | | | | |
| Design 200 100 100 50 130 65 | Application Type | Fee (\$) | Fee (\$) | Fee (\$) | | | | Fees Paid (\$) | | |
| Plant | Utility | 300 | 150 | 500 | | | | | | |
| Plant | Design | 200 | 100 | 100 | 50 | 130 | 65 | | | |
| Reissue 300 150 500 250 600 300 | Plant | 200 | 100 | 300 | 150 | | | | | |
| Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Reissue | 300 | 150 | 500 | 250 | | | | | |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Multiple dependent claims Total Claims Extra Claims Pee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Stra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Stra Claims Fee (\$) Fee Paid (\$) Stra Claims Fee (\$) Fee Paid (\$) | Provisional | 200 | 100 | 0 | 0 | | | | | |
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| Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Pee (\$) Pee Paid (\$) Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Pee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Pee Paid (\$) Fee Paid (\$) Shoets or fraction and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. Fee (\$) Fee Paid (\$) Fee Paid (\$) Fees Paid (\$) Registration No. (Attorney/Agent) Paper (Pait Time) Registration No. (Attorney/Agent) Telephone (604) 669-3432 | | | | | | | | Fee (\$) | | |
| Multiple dependent claims Total Claims | Each independent claim over 3 (including Reissues) | | | | | | | | | |
| Total Claims - 20 or HP = | Multiple dependent claims | | | | | | | | | |
| - 20 or HP = | Total Claims Evitre Claims For (6) | | | | | | | | | |
| Indep. Claims | - 20 or HP = X = Fee (\$) | | | | | | | | | |
| - 3 or HP = | HP = highest number of tot | al claims paid t | for, if greater than 20. | | D-1140 | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof [Fee (\$)] Fee Paid (\$) Total Sheets Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone (604) 669-3432 | 3 or HP = | | X | = | Paid (\$) | _ | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = | HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets | 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 shorts of reverse (1.1) is a second to the second | | | | | | | | | |
| Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets - 100 = /50 = (round up to a whole number) x 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone (604) 669-3432 | listings under 37 CFR 1.52(e)) the application gize fee due is \$250 (\$125 for event). | | | | | | | | | |
| A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Telephone (604) 669-3432 | sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 16(c) | | | | | | | | | |
| A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): DBMITTED BY gnature Registration No. (Attorney/Agent) 27,280 Telephone (604) 669-3432 | Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | |
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| | ame (Print/Type) Gerald O | | | | | | | | | |

This collection of information is required by SECFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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